2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N99000004461

Entity Name: SWEET WATER MINISTRY, INC.

Current Principal Place of Business:

11950 S.E. 67TH PLACE
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

11950 S.E. 67TH PLACE
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 59-3433317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, SHIRLEY ANN
11950 S.E. 67TH PLACE
MORRISON, FL 32668 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HULL, SHIRLEY ANN	
Address:	11950 S.E. 67TH PLACE	
City-St-Zip:	MORRISTON, FL 32668	
Title:	DT	( ) Delete
Name:	HULL, WILLIAM	
Address:	11950 S.E. 67TH PLACE	
City-St-Zip:	MORRISTON, FL 32668	
Title:	BDS	( ) Delete
Name:	MARTIN, CLEAN	
Address:	30 SW 3RD ST P.O. 22	
City-St-Zip:	OTTER CREEK, FL 32683	
Title:	BD	( ) Delete
Name:	FREEMAN, ALFREDA	
Address:	610 PICNIC ST	
City-St-Zip:	BRONSON, FL 32621	
Title:	BD	( ) Delete
Name:	MARTIN, ROBERT	
Address:	30 SW 3RD ST P.O. 22	
City-St-Zip:	OTTER CREEK, FL 32683	
Title:	BOD	( ) Delete
Name:	PARKER, DIZZIE	
Address:	485 THRASHER DRIVE	
City-St-Zip:	BRONSON, FL 32621	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY ANN HULL DP 01/05/2008

Electronic Signature of Signing Officer or Director — Date